

State of California - Health and Welfare Agency  
HAZARDOUS WASTE MANAGEMENT BRANCH  
714-744 P Street  
Sacramento, CA 95814

10/13/83  
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

Please print or type with ELITE type or characters per inch.

STATE ID NUMBER 83376135

GENERATOR NAME AND MAILING ADDRESS

LABEL HOUSE  
9852 Dupree  
S. Elmonte, Ca. 91733  
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER

ICA KQ 00D34348

TRANSPORTER NO. 1

OMEGA CHEMICAL CORP.  
12504 E. Whittier Blvd  
Whittier, Ca. 90602

VEH/CONTAINER NO.

EPA ID NUMBER

001014215107

CA DQ 42245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.

EPA ID NUMBER

AREA CODE/PHONE NUMBER 698-0991

CA DQ 42245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO. TYPE

WASTE  
CAT. NO.

DISP.  
METH

Hazardous Waste, Liquid N.O.S.  
(FLEXOSOLVENT)

NA 9188

160

G

102

PM

211

01

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% PPM

Perchloroethylene

N-Butyl Alcohol

Photo Polymer Resin

SPECIAL HANDLING INSTRUCTIONS

yield 48.2 gals. waste 9.6 gals

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

PAT OLORTA

MO.

DAY

YR.

10

13

83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

Steve Simpson

DATE  
REC'D  
&  
ACCEPTED

MO.

DAY

YR.

10

13

83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE  
REC'D  
&  
ACCEPTED

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

CA DQ 42245001

10

14

83